

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044839

6166

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED DEC - 2 1963

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

Kansas City

c. Length of stay in lb

80 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION St. Lukes Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

COUNTY

Jackson

Inside Limits

Yes ☒ No ☐

c. CITY
OR
TOWN

Kansas City

d. STREET
ADDRESS

(If outside, give location)

6156 Cherry

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Fred

Middle

C.

Last

Wheeler

4. DATE
OF
DEATH

Month

Nov.

Day

9,

Year

1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Sept. 2, 1874 89

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Insurance Salesman

11. BIRTHPLACE (City and state or country)

Greenport, New York

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

Edward H. Wheeler

13b. MOTHER'S MAIDEN NAME

Minnie Chichester

14. NAME OF HUSBAND OR WIFE

Augusta M. Wheeler

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no, or unknown) (If yes, give war or dates)

No

17. INFORMANT

Roy K. Dietrick, Dwight Bldg.,

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH

1 wk.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from June 12, 1963 to

and last saw him alive on 11-9-63

Death occurred at 11:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Donald McFarland M.D.

22b. ADDRESS

4320 Wornall Rd. K.C. 1126

22c. DATE SIGNED

11-11-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11-13-63

23c. NAME OF CEMETERY OR CREMATORY

Forest Hill

23d. LOCATION (City, town, or county)

Kansas City, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Stine & McClure, Kansas City, Mo.

25. DATE RECD. BY LOCAL REG.

11-12-63

26. REGISTRAR'S SIGNATURE

Bessie Smith

W. M. Donald McFarland
4320 Donald Rd
No 1-1533
1:30-4:30 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Tracy M. Curdy

Licensed Embalmer No. 5125

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.